

# Completing Your Kentucky Immunization Registry Enrollment

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## Page 1 - Instruction Sheet

- KYIR Enrollment form-complete one per clinic/facility
- KYIR User Confidentiality Agreement-complete one per clinic/facility
- CHFS 219- complete one per log-in user

## Page 2 - Provider details

Please complete all fields- if you do not understand any part of the form, please feel free to call or email the Kentucky Immunization Registry Help Desk.

## Page 3 – User Accounts

### *“Login Users”*

- **Signed CHFS 219’s must be received before access will be provided.**  
Any and all staff members that may need access to Kentucky Immunization Registry (KYIR) must each read and complete a CHFS219 form to establish a User Account. Please feel free to make copies as needed.
  - ✓ Please note: only the signature pages of the User Confidentiality Agreement needs to be submitted. Please retain the “agreement page” for reference.
- **It is VERY important that each user provide an email address where they can be reached-** they will be placed in our User Distribution List and will receive messages regarding KYIR and the vaccine world. Please provide work-issued email addresses if possible. Please also make sure your computer network accepts our emails (sent from KYIRHelpdesk@ky.gov).

### *Adding Additional Users*

- Please retain a blank CHFS219 form and the user accounts page of this form for use in adding additional users after being established as a KYIR provider. Please mail or fax completed user forms to the address/fax listed on the forms.

**Signature of Provider Contact:** Choose an individual to be the official “KYIR Contact” in your office and have them sign and date the bottom of Page 3. They will be the first point of contact in any future KYIR correspondence.

**Submitting the application:** Please mail or fax the completed application to the address/fax at the bottom of Page 3. Please allow 10 business days for processing.

Revised 1/2019



# Office/Facility Enrollment Form

Please fill out this form in its entirety. This information is used to establish a Kentucky Immunization Registry account for your organization. Please be sure your provider contact signs and dates page 3 before submitting. If you have questions regarding this form, please contact the KYIR Help Desk at (502)564-0038 or KYIRHelpdesk@ky.gov.

Provider (Practice/ Facility) Name:

National Provider Identifier (NPI):

Provider Mailing Address:

City County State Zip Code

Provider Contact Person:

Title:

Business Phone

Fax #:

E-mail address:

## Provider Type: (check only one)

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Hospital          | <input type="checkbox"/> Correctional Facility | <input type="checkbox"/> Community Health Center   | <input type="checkbox"/> School/School District |
| <input type="checkbox"/> Pharmacy          | <input type="checkbox"/> General Practice      | <input type="checkbox"/> Health Care Org./Ins. Co. | <input type="checkbox"/> FQHC                   |
| <input type="checkbox"/> Local Health Dept | <input type="checkbox"/> Urgent Care           | <input type="checkbox"/> Non-Profit/Free Clinic    | <input type="checkbox"/> Nursing Home/Hospice   |
| <input type="checkbox"/> Pediatrics        | <input type="checkbox"/> Rural Health Clinic   | <input type="checkbox"/> Child and Family Services | <input type="checkbox"/> Other: _____           |

Does your office give immunizations? ☐ Y ☐ N

## HL7 Status (check all that apply)

☐ Have an EMR in the Clinic ☐ EMR is on-board with KHIE Note: \_\_\_\_\_

## Usage Type: (check all that apply)

- ☐ Managed Care / HEDIS (can only upload & retrieve data for HEDIS reporting)
- ☐ Research Immunization Records (view only)
- ☐ Manually Enter Newly Administered and/or Historical Immunizations (requires parental consent for Department of Education)
- ☐ Vaccines for Children Program (VFC) and 317 adult program providers only- Full Inventory Management  
These providers must track manufacturers/lot numbers for vaccines in KYIR and manage the quantities of vaccines in stock

## Vaccines For Children (VFC) (check only if enrolled or currently enrolling in VFC Program)

☐ VFC Provider? If yes...VFC Effective Date? \_\_\_\_\_ VFC Pin #? \_\_\_\_\_

## 317 Adult Public Vaccine Program (check only if enrolled or currently enrolling in 317 Program)

☐ 317 Provider? If yes...317 Effective Date? \_\_\_\_\_ 317 Pin #? \_\_\_\_\_

## What Vaccine Funding Sources Does your Clinic Administer? (please check all that apply)

☐ VFC ☐ 317 ☐ State ☐ Private ☐ Other: \_\_\_\_\_

WEBIZ

Kentucky  
Immunization  
Registry

# User Accounts

Any and all staff members that may need access to KYIR must each read and complete a CHFS 219 to establish a User Account.

Please make copies as needed.

**\*\*Signed CHFS 219's must be received before access will be provided. \*\***

## Log In Users

Name	Title	E-mail Address	Associated Clinics*	Do they give immunizations?

*\*Associated Clinics are clinics that the individual works at beyond the clinic that has filled out this enrollment form.*

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Signature of Provider Contact

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Date Signed

**Please complete this form and return to:**

Kentucky Immunization Program-KYIR Helpdesk

275 East Main Street, HS2E-B Frankfort, KY 40621

Phone: 502-564-0038

Fax: 502-564-4760

For Office Use Only:

Date Received:

Received By:

Date KYIR Account Est:

Completed By:

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